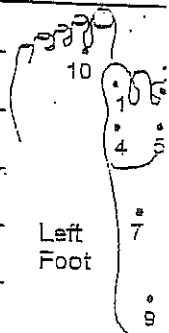
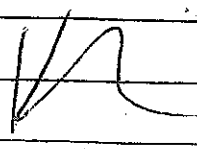



## **Document 4a**

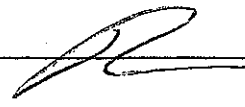
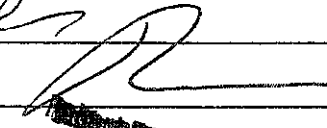
DATE	SYMPTOMS, Dx	SIS. TREATMENT	TREATING DR.	ATTN (Sign each entry)
	CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infections ( ) Endocrines ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General ( ) Other: <u>HTN</u>			
	SUBJECTIVE: (Chief Complaint)			
<u>1/20/05</u> <u>1030</u>	<u>feel ok - work, minor</u>			
	Med. Compliance:			
	OBJECTIVE: (Review System) Age: <u>40</u> Sex: <u>Male</u> Race:			
	B / P: <u>120/70</u> P: <u>70</u>	Wt: <u>205</u>	T: <u>40</u>	R / R: <u>12</u> SO2%: <u>98</u> Peak Flow:
	HEENT: <u>OK</u> Last Op / Opth. Eval.:			
	Heart: <u>OK</u>			
	Lungs: <u>OK</u>			
	Abdomen:			
	Genital / Rectal:			
	Extremities:			
	Neuro:			
	Recent Lab Results:			
	ASSESSMENT(S):			
	DSM IV Classification			
	Axis I:	Axis IV:		
	Axis II:	Axis V: GAF Score:		
	Axis III: <u>BPOK</u>			
	Preventive Care:	Diet: <u>watch</u>	Exercise: <u>yes</u>	
	Tobacco Use: <u>no</u>	Medication Side Effects:		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED	
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean	
IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)		REGISTER NO.	WARD NO.	
<u>Anthony Allen</u>		<u>40928-053</u>		

Diabetic foot  
Screen Test StDiabetic foot  
Screen Test StCHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-87)  
Printed by GSA / OMB  
5010-104-0001-0001

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION	(Sign each entry)
	Pain Level: <u>2</u>	3 4 5 6 7 8 9 10	
	PLAN:		
	Patient Education:		
	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed if Problems or if running out of medication, should sign up for sick-call or send cop-out.		
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input checked="" type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:		
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:		
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:		
	Return to Clinic for routine Follow-Up on: <u>5 mo.</u>		
	Treatments(s):		
			
			

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
11/29/04 1030h	Admin. Note - TBP's & Hx med on HTN RTC - BP ✓ Feels well - Exercising & adjust. diet & salt V's 147/92, 74, 12 Mechanical Auto DINAMAPP 132/92, 72, 12 Manual Rt Arm 134/88, 74, 12 Manual Lt. Arm RTC Per Schedule & F/pt CCC of. if appropriate Counsel/Educate Understood/Agree 	Robert E. Plotrowski, PA-C FCI McKean
12-6-04 1115h	Admin Note - Elev. BP & med. RTC - BP ✓ Wt. 202# Continue Diet etc - & Sodium @ Exercise DINAMAPP 136/88 Manual 138/90 Refer CCC - HTN - RTC Per Schedule Edu/underst/Agree 	Robert E. Plotrowski, PA-C FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 40428-053
			WARD NO.

Allen, Anthony

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

REPORT OF THE

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
2/2/04	Intake Screening, EHM	J. Heming, EMT-P FCI McKean
		Review by D. Olson, MD Date 2/15/04
5/3/04	Adm Pct	
0700	Rx @ PCN 500mg QID #13	
	Steven Labrozzi, RPh Pharmacist	D. Olson, MD Clinical Director
3/31/04 0835	Inmate requested H&P completed Hx. int. inguinal hernia repair & problem. EHM J. Glenn FNP-C	J. Glenn, FNP-C FCI McKean
7/1/04	(C) Wants information on kidney failure, states saw people in hospital & kidney failure, he has no symptoms (D) Exam deferred no symptoms (A) requests information (P) Educated on kidneys & failure J. Glenn FNP-C	
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 40422-053
		WARD NO.

Allen, Anthony

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/24/04 0800	5' Requests Bisacodyl: states one en commissary does not work well enough for him. states vitamins cause him constipation. states fiber is too slow. O: NAD Heart: RRR Lungs: (TA bilateral) Abd: soft, nontender. A: medicine request P: (1) Education - don't take vitamins, ↑ fluids, exercise & understand (2) Flu PRN Eric Asp, PA-C FCI McKean
10-18-04 0810	(3) WANTS ECG ... worried about C-V disease (4 Fm Hx) (5) NAD BP = 120/86 HR = 60 S <sub>o</sub> 2 = 99% 135/85 (6) Suspected Condition, nothing found. Cardiovascular ✓ (7) 1. ECG 2. Lipids already done "6 wks ago" (not yet in record) 3. PT EP: CV health diet smoking exercise ↓ salt 4. PT understands. 5. LTC prn 6. BP recheck x2 at 3 wks intervals Eric Asp, PA-C
11/8/04 1100	Admin mls, BP ✓ 146/80 5:40pm (R) arm Eric Asp, PA-C Eric Asp PA-C



USMCFP SPRINGFIELD

01/30/2004

USMCFP - SPRINGFIELD

MEDICATION SUMMARY

THRU 07:00

06:44

SPRINGFIELD, MO

PAGE: 1

ALLEN, ANTHONY, 40428-053, SPG, S03-013L

Active Prescriptions

PENICILLIN VK 500 MG TAB

TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY FOR 10 DAYS

Dr: MCDERMOTT DS

ORDERED: 01/27/2004 EXP: 02/05/2004

40.0 TAB in 3 day(s)

RENEWED: EXP: 02/05/2004

13.3 / 24 hours

Rx for Trauma  
Rx  
1/30/04

Transfer MCK  
Via Air  
2-2-04



WARD NO

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/12/04	S - POD # 3 N <sub>1</sub> G <sub>65</sub> - still draining
07/10	D - T-97' Arc. C, D - I no comment Drainage noted RHH intact A - S/P RHH P @ May RTO ② Pericardial Tylenol "3 i-i p. Max 48' pm ③ Convalescence - No heavy lifting > 10" x 4" x 5" ④ F/U in Dr Brent Rotton clinic 1/20/04
1/12/04	Adm Note
1/31/04	Reful Tylenol #3 i-i p. 80 TID qon x 14 days
	<b>FAXED</b> PHARM 503 DATE: 1-12-04 MT: 7:19 PM 1332
1-13-04	Com Study
1000	Very well using Guedes Pain Controller Incurable Ole noted for next wk
	David Brent Rotton, DC Consultant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION For typed or written entries, give Name (last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade.)		REGISTER NO	WARD NO

ALLEN, ANTHONY  
 40429-053  
 MCFP SPG MO  
 DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV 6-97)  
 Prescribed by GSA/ICMR  
 FIP 11 CFR 101-9.202-1

DATE	SYMPTOMS, L	GNOSIS, TREATMENT, TREATING ORG	ZATION (Sign each entry)
1/14/04 1230	SORP. Colore 100g	it p = qd x 7d	K. KELLY, P.A.C. <i>[Signature]</i>
	FAXED PHARM 503	DATE: 1-14-04 INIT: <i>[Signature]</i> 1315	
1-20-04 0920	Even Smth	Pt Doing Very well	
	Incision looks great	of evidence of	
	hernia recurrence.	will DC staples	flu pna
<i>[Signature]</i>	DC Skin Staples		David Brent Rotton, DO Consultant <i>[Signature]</i>
	P: Transfer + Discharge Summary	Dictated	
	RTE - pna		KEVIN J. KELLY, P.A.-C. <i>[Signature]</i>
1/21/04 1000	SORP. Co constipation 2 <sup>nd</sup> med.	P @ Dulcolax 5mg	it p = qd pna x 3d #6
	E - @ 1 fluids		KEVIN J. KELLY, P.A.-C. <i>[Signature]</i>
	FAXED PHARM 503	DATE: 1-21-04 INIT: <i>[Signature]</i> 1017	

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11/04 0730 ART surgical procedure sp RTH PPO#1 P. Cont. to monitor for changes & monitor pain response.  
B. COLTON, RN

11/04 0600 S) No c/o voiced. P) Awake, resting quietly in bed, reports being pain free, VS, assessment essentially unchanged. A) Stable & A pain intervention. P) Cont to monitor. B. COLTON, RN

1-10-04 0800 D/c g 4 hr vital signs.

Noted  
1-10-04  
1520  
A. WILKENING

Dr. Hare / A. WILKENING, RN

THOMAS HARE, D.O.

1-10-04 1100 S: No complaints voiced. O/A: Alert & oriented x3. Up and ambulating on unit. Skin w/o Color w/o. Resp. regular & nonlabored. @ ing. hernia drsg e sm amt pink drng to drsg. Instructed to shower today. Had last dose of MSO4 4mg IVP @ 0955 & heplocic D/c'd e cath intact. NAB noted. P: Cont to monitor. A. WILKENING, RN

1-10-04 1400 S: No complaints voiced. O/A: No change in assessment. NAB noted. P: Cont to monitor. A. WILKENING, RN

1-10-04 1700 S: No complaints voiced. O/A: No change in assessment. NAB noted. Showered. P: Cont to monitor.

A. WILKENING, RN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle; ID No or SSN, Sex, Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO

ALLEN, ANTHONY  
40428-053  
MCFP SPG NO  
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prep'd by GSA/ICMR  
FIF 11 CFR 201-9.202-1

DATE	SYMPTOMS, SIGNS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-10-04 2100	SOAP: Resp even/nonlabored. A+O x 3. Quiet voice is hard to hear. Primazone X2 dry, intact to (R) ↓ abdomen. Took for pain meds. Cont to monitor. <u>un</u> N. WELLS RN
1-11-04	24° <u>un</u>
1-11-04 0015	SOAP: Resting quietly. No changes. <u>un</u>
1-11-04 0600	SOAP: Resp even/nonlabored. A+O x 3. Primazone X2 C/D/E to (R) ↓ abdomen. Cooperative. Cont to monitor. <u>un</u>
1-11-04 1100	S: No complaints voiced. OA: Alert & oriented x 3. Up and lib ambulating on unit. Skin W/O. Color WNL. Resp regular & nonlabored. (R) 1H drsg C/D/E (R) LE neurovascular status WNL. Instructed to shower & change drsg. Verbalized understanding. WAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 1400	S: No complaints voiced. OA: No change in assessment. NAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 1700	S: No complaints voiced. OA: No change in assessment. NAD noted. P: Cont to monitor. <u>un</u> A. WILKENING, RN
1-11-04 2400	SOAP: Resp even/nonlabored. A+O x 3. Polite. Dsg C/D/E to (R) ↓ Abdomen. Cont to monitor. <u>un</u> N. WELLS RN
1-12-04	24° <u>un</u>
1-12-04 0015	Resting quietly. No changes noted. <u>un</u> N. WELLS RN
1-12-04 0600	SOAP: Resp even/nonlabored. A+O x 3. Dsg C/D/E to (R) ↓ Abdomen. Cooperative. Cont to monitor. <u>un</u> N. WELLS RN

STANDARD FORM 600 (REV. 6-97) BACK

ALLEN, ANTHONY  
40428-053  
MCPD CDR MA



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1-9-04	STAY ASSESSMENT		
1030	<p>Mode of Arrival: gurney</p> <p>T 98<sup>3</sup> P 101 R 20 BP 136/72 97% RA</p> <p>REASON FOR ADMISSION: Sp (R) ing. hernia repair</p> <p>ALLERGIES: NKA</p> <p>REACTIONS: N/A</p> <p>MEDICAL/SURGICAL HISTORY: See chart.</p> <p>VP- COMMENTS: Alert + oriented x3. Resting in bed. Skin w/ds. Color w/ds. Resp. regular + nonlabored. (R) Drug drsg. C/D/I. (R) LE neurovascular status. Ice pack in place. <math>\phi</math> void @ this time. Monitor.</p> <p>E- (EDUCATION) Oriented to unit policy, call light, bed controls + post-op orders. Verbalized understanding.</p> <p style="text-align: right;">A. WILKENING, RN</p> <p style="text-align: right;">AlwikeningRN</p>		
1-9-04 1330	<p>S: No complaints voiced. O/A: No change in assessment. WAD noted. (R) grain drsg. <math>\bar{c}</math> scant amt pink drsg. showing thru drsg. Ice pack relieved &amp; in place. No void yet. P: Cont to monitor.</p> <p style="text-align: right;">AlwikeningRN A. WILKENING, RN</p>		
1/9/04 1700	<p>S) "Can we have something for the pain?" O/A) Resting in bed. Resp eupneic on RA. Skin w/ds, color WNL.</p> <p>(L) hand heplock intact - flushes easily <math>\bar{c}</math> brisk blood return - site <math>\bar{s}</math> redness, edema or drainage.</p> <p>Abd. drsg (Primapore) intact - scant amt. of pink drainage noted thru drsg. SR <math>\uparrow</math> x 2, call light in</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN ID NO	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle, DOB or SSN, Sex, Date of Birth, Rank/Grade.)			WARD NO

ALLEN, ANTHONY  
40428-053  
MCFP SPG HQ  
DOB 05-02-64

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV 6-97)  
Prescribed by GSA/ICMR  
FIR 11 CFR 201-9.202-1

DATE	SYMPTOMS, SIGNS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/9/04 1700	Reach. Urinal @ bedside & approx 200cc of clear yellow urine. P) med for 4/0 pain - see MTR & pain mgmt. flowsheet for times & responses. <u>D. Spaulding</u> D. SPAULDING, RN
1/9/04 2100	S) "Am alright." O/A) Resting in bed. Essentially no Δ in prior assessment. Declines need for pain rx @ present. Voiding 3 difficulty, adeg. amts. of clear yellow urine via urinal. NAD noted @ this time. P) Cont. to monitor <u>D. Spaulding</u> D. SPAULDING, RN
1/10/04 0055	24° chest ✓ et MEDICATION AUDIT 1/9-1/10/04 <u>B. Colton, RN</u> B. COLTON, RN
1/10/04 0310	S) D/c voiced. Awake, alert during count, pt. asked if he was in pain to which he shakes his head in a "yes" fashion. Offered choice of pain med to which he requested the injection. After retrieving the requested med, @ bedside he denies having pain rx withheld. Replock to R hand & drug clote, et 5 55 of injection. Respers expir, skin w/d, color WNL, NAD noted. A) Communication mis- understanding. P) Will cont. to monitor for changes <u>B. Colton</u> B. COLTON, RN
1/10/04 0430	S) "Can I get my pain medicine - the shot." O) Dozing @ intervals 5 acute distress; Replock flushed per protocol & @ bld, return noted, NAD 4mg given SIVP et flushed per protocol. See pain management flow sheet for pain assessment. Drug to R inguinal area & sm amt. of pink drainage noted to drug. A) Pain

Allen, Anthony  
40428-053



NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1-9-04	14 here for RTH		
08/20	P/B 10 days all O's Augmented		
	Hyp / percent on chart		
	Site Signed		
	Ready for Surg		
	Bor		
1-9-04	OPERATIVE NOTE:		
	PRE-OP RTH		
	POST-OP RTH		
	OPERATION RTH		
	ANESTHESIA Gas		
	SURGEON Parent Re-tion		
	FINDINGS Lower Indirect		
	CONDITON Edge in		
	PROGNOSIS		
	PLAN Tol well to PR Stress		
1-9-04	POST-OP ORDERS		
09/15	1) To Rd Sp RTH		
	2) VS q 4		
	3) Ice to incision x 24 hrs		
	4) Clean incision daily E Spas / H <sub>2</sub> O		
	5) Phenergan 12.5mg IV q 4° pr Nlv		
	6) MS 4mg IV q 1° pr Break then pr		
	7) Percocet 1-2 po q 6° pr pr RTH		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME noted		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

DATE: 11/10/11  
 FAXED  
 to phone

ALLEN, ANTHONY  
 40428-053  
 MCFP SPG MO  
 OJB 05-02-64

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM 41 CFR 101-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
1-9-04 6915 noted Brinter 1/9/04 OPD	< Cont > 7 BP orders 8) Resume prior med orders 9) Plu Clinic next wk.	BORS
1-9-04 0920	SI Anurhina postop pt with hypoxia BP 136/80 HR 116 SpO2 100 A Gabor & MacLuska 3 apparent complications P Release from PACU E/ Above discussed i pto apparent undisturbed	HIPSKIND D.O. [Signature]
1/9/04 noted Brinter 4/9/04 0930	Give ms as previously ordered x 24 hrs Give Percocet as previously ordered x 7 days TO Brinton/Brinter	[Signature]
	<b>FAXED</b> to Pharm DATE: 1/16 INT: BU	
<div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; right: 0; font-size: 4em; font-weight: bold;">1-4</span> </div>		
ALLEN, ANTHONY 40428-053 MCFP SPG MO USB 05-02-84		
PHARMACY COPY STANDARD FORM 600 (REV. 6-97) BACK		

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Prescribed by GSA and ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12/23/03 0920	<p>5. 39 y/o Jamaican ♂ i RHH x 6-7 yrs partially reducible, getting larger D-1A @ RHH ② Ess. H.M. <span style="float: right;">H+ P updated</span> P② Admit to Surg. Service ② Routine Lab ③ Consult to Consultant surgeon: eval for RHH repair</p>	<p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCFP - SPED</p>
12/23/03 1030	<p>SOA - See consultation sheet by Dr. Kotton P② Schedule i Dr. Brent Kotton on 1-4 for RHH repair i plug + patch</p>	<p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCFP - SPED</p>
1/2/04 0845	<p>Adm Note Ambrosian prevy 39 yo o→ for RHH repair PH HTN Hemorrhoids Lab 6 (old) reexam ASA II adequate risk to general ETT NKDA ① NPD 3 12 m w 1/8 for 1/9 surgery ② Dexamet 25 mg qid, 25 mg TID 1 per op</p>	<p>THOMAS HARE, D.O. MEDICAL OFFICER</p> <p>KEVIN J. KELLY, PA-C</p> <p>MCFP - SPED</p>
1/2/04 1400	<p>Noted Blair 4/2/03 1400</p>	<p>ALLEN, ANTHONY 40428-053 MCFP SP0 MO DOB 05-02-64</p>

SN7540-00-634-4176

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
	<b>INITIAL NURSING NOTE</b>			
12/16/03	S: Reason for admission (in patient's own words) (pt has (R) inguinal hernia)			
7830	Hernia surgery			
	Medication/treatment(s):			
	Previous Hospitalization/Surgery(s):			
	O: TPR	98-10	B/P 124/76	Height/weight 6' 11 96
	<b>Pain Assessment</b>			
	Are you Having Pain?	Yes	No	0 1 2 3 4 5 6 7 8 9 10
	Location	Intensity	Frequency	Duration
	<b>FALL RISK ASSESSMENT</b>			
	[ ] History of falls, #'s [ ] Dizziness/imbalance, [ ] General Weakness, [ ] Incontinence, [ ] Decreased mobility			
	<b>SKIN INTEGRITY RISK ASSESSMENT</b>			
	[ ] Bed/Chair confined, [ ] Inability to move, [ ] Incontinent, [ ] Poor Nutrition (intake), [ ] Lowered mental			
	<b>ALLERGIES:</b>			
	Foods:	NKA (List)		
	Medications:	NKA (List)		
	(Continued on back side)			

PATIENT'S IDENTIFICATION ((Use this space for Mechanical imprint))

Allen, Anthony  
40428-053  
5/2/64

RECORDS MAINTAINED AT			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-454.505



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	A: (check one)
12/14/07	<input type="checkbox"/> Notify Doctor of Admission
1820	<input type="checkbox"/> Notify MOD for Further Orders
	<input checked="" type="checkbox"/> Notify appropriate Clinic on next duty day
	P: Orient to the following: (check off when completed)
	<input checked="" type="checkbox"/> Call light
	<input checked="" type="checkbox"/> Smoking Policy
	<input checked="" type="checkbox"/> Unit Orientation
	E:
	<i>[Signature]</i>

MAY 99



FEDERAL BUREAU OF PRISONS

Additional Comments - Blood and Body Fluid Precautions

Record copy - Transporting Officer; Copy - Health Record (Top page Position one); Copy - Transferring Institution



## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

## L CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

CLINIC(S): ( ) Cardiac ( ) Hypertension ( ) Diabetes ( ) Infectious ( ) Endocrine  
 ( ) Lipid ( ) Pulmonary ( ) Mental ( ) Neurology ( ) Ortho ( ) General  
 ( ) Other: *R Inguinal hernia*

12/9/03

SUBJECTIVE: (Chief Complaint)

12/9/03

*Still Draining @ upper incision on ASK  
 Hernia stable - ambivalent  
 about having tooth pulled*

OBJECTIVE: (Review System) Age: *39* Sex: *Male* Race:B/P: *120/70* P: *70* Wt: *202* T: R/R: *SO2%:* Peak Flow:HEENT: *OK* Last Op/Opht. Eval:Heart: *TH* *len redness @ upper*Lungs: *clear* *incision*

Abdomen:

Genital/Rectal:

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S):

DSM IV Classification

Axis I:

Axis II:

Axis III:

Preventative Care: Diet *western*Exercise *some*Tobacco Use: *no*Medication Side Effects: *no*

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

40420-053

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600-REV. 6-97

Prescribed by GSA/ICMR

FORM 1A (41 CFR) 201-9.202-1

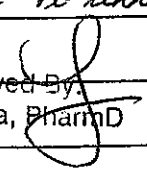

Anthony Allen

[illegible]

H. BEAM, MD  
FBI MCKEAN

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
12/1/03 1200	③ 4 abscesses in gumline... so seeing Dr. Beam for follow up next week. Needs Doxy refill until then	
	④ NAD bluish white lesion upper right (R) gumline	
	④ No Mucocela	
	PER DR. BEAM:	
	① 1. Doxycycline 100mg Tpo BID x 10d #20 NR	
	2. FU with Dr. Beam per Dr. Beam's call-outs next week.	
	3. Pt understands Tx plan.	
	Reviewed By:  V. Geza, PharmD	 Steven Labrozzi, PA-C Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. ...428-053	WARD NO.

Anthony ALLEN

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1